DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH

Organizational Self Assessment of
Cultural Competency Activities

Introduction
This tool is intended to heighten the awareness and sensitivity of personnel to the importance of cultural diversity and cultural competence in human service settings. The checklist was developed by *the National Association of State and Mental Health Program Directors (NASMHPD) and NASMHPD Research Institute. Inc.* and modified to be used by other organizations in the human service arena. It includes concrete types of activities that reflect the kinds of values and practices that foster a respectful and culturally sensitive environment.

The assessment or measurement of cultural competence is an important aspect of organizational behavior and should be a regular management function. This tool assists the organization to look at its self and how it functions in key areas. This process will lead to organizational learning and provide information that can be used to produce continuous service and management improvements. It will also identify opportunities for education and training.

The DBHS Cultural Competency Activities Assessment is intended to be used by those organizations with administrative functions and smaller organizations. It focuses on the ten activities categories that support and promote cultural competency and responsiveness. The following are the ten categories and the type of activities that are reviewed in each of the categories:

- CEO Personal Leadership
This category asks questions related to activities that support for the assessment process and the implementation of the steps to improve the organization, in particular support provided from the main leader of the organization.

- Staff and Stakeholder Commitment
This category looks at activities indicate the support provided by the senior management. It also explores the organizational expectations of senior management within the organization

- Responsibility for Cultural Competence
This category looks at the activities that express the importance of the cultural responsiveness of the organization and responsibility.

- Cultural Competence Advisory Committee
This category looks at activities that provide a structure for feedback, growth and provide recommendations to the CEO

- Organizational Self-Assessment
This area looks at the activities that your organization has completed to assess itself

- Data Analysis
This category explores the scope and detail of the activities that involve agency information systems, in particular those that reflect demographic composition of the population that the organization serves and its ability to examine the data.

- Cultural Competence Plan
This category explores planning activities that related to cultural competence

- Linguistic Competence
This category asks questions about data, in particular those related to language needs of the population to be served and persons receiving services and the provision of language access services

- Standards and Contractual Requirements
This category explores the standards and contractual requirements of the organization, specifically address cultural competence and Cultural and Linguistically Appropriate Services (CLAS) and other reporting requirements your organization has of subcontractors.

- Resources
This category reviews the resources available in the organization to provide language and interpretation services and those designated for culture-specific programs and services

Step 1: Starting the Assessment
Deciding who serves as leader of the assessment team is an important decision. The leader should be an individual, who is well-positioned within the organization; who has access to people at all levels and information from all sources. The leader must be credible, respected, and generally regarded as sensitive to diversity issues. Equally important is the explicit support for this initiative from the Chief Executive Officer (CEO)/Director, and other prominent leaders. They can demonstrate such support through written and verbal communication, as well as by devoting time and other resources needed to conduct the assessment.

The organizational assessment should be led by a small committee (assessment team) of management level staff that represents, or has access to, key functions or departments. The assessment team should be comprised of individuals who can access and interpret data addressing the composition of the consumer, provider and staff population.

A typical assessment team consists of 2 or more individuals plus the team leader. Team members may come from administrative departments such as finance, utilization management, consumer services, human resources, information systems, community services, clinical services provider services, health education, quality management, marketing, claims or other administrative departments. Additionally, there should be individuals whose jobs are directly concerned with ethnic/cultural issues (i.e. cultural and linguistic specialists, diversity coordinators, translators/interpreters, social workers, and community relations). If applicable, different clinical disciplines should also be represented including, such as, physicians, nurses, and clinical case managers, etc. The team may benefit by inviting consumers or representatives of your community. The team itself should also reflect ethnic/cultural diversity.

Step 2 Completing the Questionnaire
The Assessment Team members determine who is best able to complete each section of the questionnaire and take responsibility for its completion.

Assessment team members will also need to discuss what supplementary materials may support the information provided in the questionnaire (e.g. consumer information pamphlets and copies of other documents) and take responsibility for obtaining them. Phone and email-can be used to exchange documents and information.

There are a total of 10 categories and each category has between 3 to 10 questions. There are a total of 63 questions. Each question can be answered with:
1= Not Implementing
2 = Planning to Implement this year
3 = Yes, Currently Implementing

Answer the questions based on factual information about your organization. There is no right or wrong answer. However if the organization frequently responded "1" or "2", the organization may not be providing sufficient support or demonstrating values and engaging in practices that promote a culturally diverse and culturally competent service delivery system.

Step 3: Evaluation of Results

Each category has a subtotal to help your organization examine the results of each category separately. Focus on those areas that are scored (1) Not Implementing and (2) Planning to Implement. Develop a plan that includes the activities with the 1 and 2 scores. Drawing on the data and analyses, the assessment team decides where the organization will focus its next steps to move further along the "spectrum of cultural competence."

Step 4: Reports and Action

The findings are required in a written report to the CEO/Director, assessment team and select staff members.

In addition to assessment of overall results, the report should include a work plan with specific findings, recommendations and conclusions for actions to be taken and incorporated into the existing cultural competency plan or create a new one if it needed. The plan can be simple and may extend for 1 to 2 years to accomplish the activities. A template of a plan is provided in the next page. The plan should have enough detail to hold accountable for taking these actions and the time frame for completion in the plan. The Assessment Team may want to communicate the organizational Cultural Competency Plan to the community and general public.

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INTERVIEW QUESTIONS

SUGGESTED QUESTIONS

FOR INTERVIEWS*

The following are questions that might be posed to individuals both within and external to the organization who are interviewed as part of the Organizational Assessment process.

The purpose of the interview is to add the dimension of personal experience to the information gleaned from the questionnaire and to identify unexplored areas. While many of these questions are covered in the questionnaire, additional insights will be obtained as the interviewees address these questions in terms of their experience and the context of their jobs.

Along with data reported in the questionnaire, these answers will help your organization assess its overall cultural competence and identify steps for action. These questions may be supplemented by others suggested by the committee. Also, interviewees may wish to discuss other aspects of diversity and/or share written materials with you.

SUGGESTED INTERVIEW QUESTIONS (select those questions which you feel add value to the information you have gathered in the Organizational Assessment Tool)

1. When you hear the term "cultural competence," what comes to mind?

2. What are the most challenging priorities of the multi-ethnic and cultural nature of the behavioral health organization?

3. What are the major organizational obstacles (policies, organizational characteristics) inhibiting ethnic and cultural understanding among staff, consumers, providers, etc.? What are the major organizational characteristics that enhance the multi-ethnic and cultural nature of the behavioral health organization?

4. As the behavioral health organization has attempted to meet the needs of ethnic and cultural diversity, what issues have arisen (need for resources, conflict, etc.)?

5. What mechanisms, if any, are in place to promote communication among different levels and departments of the behavioral health organization in regard to issues of cultural competence?

6. What has the behavioral health organization done to provide the best care for the multi-ethnic and culturally diverse consumer population (e.g. educating providers in regard to different ethnic/cultural beliefs and practices; use of specific services -- interpreters, community liaisons, etc.)?

7. In what ways have you addressed the ethnic and cultural needs of consumers as they receive care throughout the continuum (home visits, social services, etc.)?

8. What services, programs, etc. are available to staff regarding ethnic/culturally-related issues?

9. In what ways are providers trained and helped to deal with ethnic and cultural issues (e.g. trained to recognize diseases common in certain populations, mechanisms and protocols by which providers can request assistance in dealing with ethnic/culturally diverse consumer issues and needs)?

10. What relationships does the behavioral health organization have with particular community groups and how have these relationships affected the ethnic/cultural competency effort (community businesses under contract, initiatives with neighborhood health centers, etc.)?

11. What community outreach actions have been taken by the behavioral health organization (e.g. mental health or substance abuse education programs, materials and forums for various ethnic/cultural groups, community support for consumers of various ethnic/cultural backgrounds)?

12. In what ways are ethnic and cultural differences recognized throughout the organization (e.g. celebration of certain days, programs focused on specific behavioral health needs of a particular group)?

13. What, if any, ethnic/cultural professional programs are there to develop, as well as attract ethnic culturally diverse staff? Are internships targeted toward ethnic culturally diverse professionals? Mentoring programs? What are the challenges in developing and delivering these programs?

14. What government guidelines or regulations guide/influence your programs and initiatives regarding ethnic/cultural diversity and cultural competence?

15. What are the greatest strengths and the biggest concerns of the organization in regard to the delivery of care to and interactions with the multi-ethnic/cultural populations of its community?

16. What have you seen or would you like to see in terms of actual effects of ethnic/cultural initiatives on the work environment and on patient care?

17. What are your concerns about any of the ethnic/cultural activities undertaken by your organization?

_____

*(Acknowledgment is given to Deborah Dwork, Employee Relations Director, Beth Israel Deaconess Healthcare organization, Boston, MA, who developed many of the above questions for use in its self-assessment.)

Department of Health Services
Division of Behavioral Health Services
Organizational Cultural Competence Activities Assessment

Please enter the appropriate number to indicate the status of the cultural competency activity in your agency.

			STATUS CODES (1 = Not Implementing; 2 = Planning to Implement This Year; 3 = Yes/Currently Implementing)

Current Status

1	2	3	I. CEO's (or Director) Personal Leadership
			1. The CEO consistently identifies cultural competence as a high priority in speeches and other public communications.
			2. The CEO has assigned staff and resources for promoting cultural competence.
			3. The CEO periodically receives reports to check on implementation of these cultural competence strategies and the accomplishment of intended objectives.

SUBTOTAL

0	0	0

Current Status

1	2	3	II. Staff and Stakeholder Commitment
			4. The job descriptions of senior management staff include the promotion of cultural competence.
			5. The organization includes cultural competence objectives in the performance appraisal of senior management staff.
			6. The organization advocates for cultural competence in the broader mental health community and stakeholder organizations.
			7. Senior management reflects the race/ethnicity demographics of the state.

SUBTOTAL

0	0	0

Current Status

1	2	3	III. Responsibility for Cultural Competence
			8. A person exists with overall responsibility for cultural competence. (If less than 1 Full Time Employee then what percent of FTE: ____)
			9. The cultural competence position is at the "cabinet" or senior executive level.
			10. The person responsible for cultural competence has direct access to the CEO.
			11. The person has responsibility for review of major policies and agency products to ensure that cultural competence is included and/or addressed.
			12. The person has control of a budget for cultural competence activities.

SUBTOTAL

0	0	0

Current Status

1	2	3	IV. Cultural Competence Advisory Committee
			13. A cultural competence advisory committee exists.
			14. The advisory committee includes representative of the major race/ethnicity groups in the state (groups that are 5% or greater of the state population).
			15. The advisory committee includes a person who is deaf or hard of hearing.
			16. The advisory committee includes consumers and family members of the different race/ethnicity groups.
			17. The CEO meets periodically with the advisory committee.
			18. The committee is responsible for reviewing policies and making recommendation related to cultural competence.
			19. The committee receives reports related to the implementation status of its recommendations.

SUBTOTAL

0	0	0

Organizational Cultural Competence Activities Assessment

Current Status		
1	**2**	**3**

V.   Organizational Self-Assessment

20. The agency has a current (within last two years) organizational self-assessment related to cultural competence.

21. The self-assessment was conducted at multiple levels including Administrative Office, and other sites.

22. The organizational self-assessment includes an analysis of state population and demographics, including poverty level.

The self-assessment includes a workforce analysis of the
23.   a.   race/ethnicity/gender of direct and contracted providers
24.   b.   and their languages capacities.

25. The self-assessment includes a description of how the system promotes cultural competence formally (e.g. hiring practices) and .5 informally (e.g. multicultural events)

26. The self-assessment occurs periodically (at least once every two years).

SUBTOTAL		
0	0	0

Current Status		
1	**2**	**3**

VI.   Data Analyses

Data elements exist in agency information systems that reflect the race/ethnicity composition of the populations to be served. These include:

27.   Race

28.   Ethnicity

29.   Age

30.   Gender

31.   Poverty level

32.   Languages spoken

33.   Country of origin

34.   Religion

35.   Agency monthly, quarterly, and annually reports related to utilization, performance measures, and outcomes routinely include race/ethnicity breakouts.

36.   Analyses are regularly conducted to examine disparities in services (medications, rehabilitation, clinical, in-home, etc.)

37. Results are disseminated to participating organizations.

SUBTOTAL		
0	0	0

Current Status		
1	**2**	**3**

VII.   Cultural Competence Plan

38.   A current cultural competence plan exists.

39. The plan covers all administrative organizational components in its purview. (That is, cultural competence should be a requirement and responsibilityat all administrative and organizational levels.)

40. The cultural competence plan specifically addresses disparities identified through analyses.

41. The cultural competence plan has measurable objectives.

42. The cultural competence plan is disseminated widely throughout the system.

43. The cultural competency plan is reviewed annually.

44. The cultural competence plan includes the development of culture-specific services.

SUBTOTAL		
0	0	0

Current Status

VIII.   Linguistic Competence

Organizational Cultural Competence Activities Assessment

1	2	3

	45. Data is available related to the language needs of the population to be served and persons receiving services.
	46. Language skills of staff are monitored and updated.
	47. Standards exist for qualified staff interpreters.
	48. Providers and services are available in key languages.
	49. Provider and service directories include information on language assistance available at its organizational components.
	50. The organization provides or helps organizations to obtain educational materials translated into the identified key languages.
	51. The organization provides or helps obtain key administrative and procedural documents in key languages.
	52. The organization maintains or helps develop directories of qualified interpreters.
	53. The Organization provides or assists subcontractors or providers in obtaining training materials for staff in the use of interpreters.

SUBTOTAL

0	0	0

Current Status

1	2	3

IX.   Standards and Contractual Requirements

	54. Standards of care exist that specifically address cultural competence (e.g. CLAS standards).
	55. Contracts with local service agencies include cultural competence requirements.
	56. Reporting requirements include break-outs by race/ethnicity.
	57. Reporting requirements specifically include activities related to promoting and sustaining cultural competence.
	58. Cultural competence is included in quality assurance and quality improvement activities and projects.

SUBTOTAL

0	0	0

Current Status

1	2	3

X.   Resources

	59. Resources are designated specifically for cultural competence training.
	60. Resources are designated (or are available) for language and qualified interpreter services.
	61. Resources are designated for culture-specific programs and services.
	62. Resources are allocated across the region for cultural competence training and related services.
	63. Resources are allocated specifically to reduce disparities.

SUBTOTAL

0	0	0

TOTALS

0	0	0

Modified from the assessment developed by National Association of State Mental Health Program Directors (NASMHPD) & NASMHPD Research Institute, Inc. (NRI)